

POSITION	ID NO.	DATE
CLASSIFIER	10	1-11-96
EXAMINER	352	1-30
TYPIST	343	1-31-96
VERIFIER	358	2-1
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	
Original	
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Claim	Date
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Original	
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SYMBOLS

✓ Rejected

□ Allowed

- (Through number) Canceled

N Restricted

I Non-elected

A Interference

O Appeal

Objected